

HOME AND COMMUNITY BASED MEDICAID WAIVER CERTIFICATION REPORT

ABILITIES UNLIMITED

November 29-30, 2006

SITE REVIEW TEAM:

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Survey Outcome: One-Year Certification Expires December 31, 2007.

OVERVIEW OF STANDARDS

Home and Community Based Services (HCBS) Waiver providers are required to meet specific sets of standards to assure that the quality of services and the health and safety of persons receiving services are maintained and monitored. First, all Medicaid providers are required to adhere to Wyoming Medicaid rules and regulations. In addition, the Wyoming Developmental Disabilities Division (DDD) requires that Home and Community Based Services Waiver providers serving three or more individuals must obtain and maintain the Commission on Accreditation of Rehabilitation Facilities' (CARF) accreditation. The Centers for Medicare and Medicaid Services (CMS), who approve the waivers and have monitoring responsibilities, have developed the HCBS Quality Framework to provide additional guidance to states in how CMS will monitor HCBS Waivers. Finally, the Developmental Disabilities Division has developed specific rules, policies and procedures to assure that providers meet applicable Federal, State and Division requirements.

SURVEY SUMMARY

The Developmental Disabilities Division has oversight responsibilities for three home and community based waivers: the Adult Developmental Disabilities Waiver, the Children's Developmental Disabilities Waiver, and the Acquired Brain Injury Waiver. The Program Integrity Unit of the Division annually monitors and recertifies all CARF accredited organizations. The survey and recertification process continues to focus on standards that pertain to health, safety and the rights of persons served. This recertification process requires an on-site visit to the organization and includes the following elements:

- Review of documentation, including policies and procedures, emergency drills, internal and external inspections, incident reports, staff notes, billing, schedules and case management documentation
- Interviews with persons served, families, guardians and provider staff
- Follow-up visits to persons served involved in critical incidents or who have significant changes in health or health concerns
- Verification that appropriate levels of services are in place for persons served who have received a forced rate, which is a rate higher than the individual budget amount (IBA)

Included in this report is an overview of the provider agency that was surveyed, Love, Care & Dignity, Inc. (Abilities Unlimited), a more detailed description of each focus area of the survey and a summary of the standards that pertain to that area. Following each summary of the standards are the findings of the survey, including exemplary practices, suggestions and recommendations. The site survey process included visits to the homes, day habilitation programs, employment settings, and other service settings of persons served to observe services being provided and to verify that appropriate health and safety supports were in place in these settings.

PROVIDER SUMMARY AND HIGHLIGHTED SERVICE AREA:

Abilities Unlimited is still currently volunteering to do the laundry needs of the Land of Goshen Ministries Thrift store. The clients enjoy doing this and have expressed that it is nice to help others. We pick-up clothes that need washing and mending on Tuesdays. We also return completed clothing the following week so that they also have a fresh supply of clothing to offer to the public. Abilities Unlimited has also begun to work with the Department of Vocational Rehabilitation to help some of our clients to gain employment. So far, there is one who has gained employment and doing very well. He has stated that he really enjoys working and is thankful to have the

opportunity. We also have another individual in the process of working with DVR and is anxiously waiting to get a job.

A. IMPLEMENTATION OF INDIVIDUAL PLANS OF CARE (IPCS)

1. Applicable Standards

The IPC is written by the person's served case manager with input from the person's team. The plan includes specific information on a person's wants and needs, medical supports, mealtime guidelines, positioning and adaptive equipment needs, behavioral needs, rights, goals and supervision/staffing levels. The IPC is the guide for how services should be provided and monitored.

Providers are required to provide services based on the individual plans of care (IPC) for persons served, which is considered a legal document created by the team (*Chapter 34 Medicaid Rules, Adult, ABI Provider Manual*).

2. Description of Survey Process

A random sample of persons served names is selected before the site survey and their IPC's are reviewed to identify what services and supports should be in place. During the on-site survey, the persons served are visited in various service settings, including residential, day habilitation, and employment. Persons served and/or their families, provider staff, and case managers are interviewed.

Persons' served files are also reviewed. Details of the review are below:

- Incident reports are reviewed to determine if incidents met the criteria of the Division's Notification of Incident Process, to identify any trends in health or safety, and to verify that incidents were appropriately handled by the organization. (*DDD Notification of Incident process, CARF Section 1:E: 10, ISC Rules*)
- Universal objective pages are reviewed to verify that the objectives were measurable, meaningful to the person served, and that progress on objectives was documented and tracked. (*Adult, ABI Waiver Manuals*)
- Emergency information is reviewed to verify that the information is current, comprehensive, and available to staff in case of an emergency. (*CARF Section 1:E: 9*)
- Schedules are reviewed to verify that they are being followed, that they include documentation of outings and activities that link back to the interests of the person served when applicable, and that the schedule matches the original schedule submitted to the Division for approval. (*Adult, ABI Waiver Manuals*)
- Documentation for specific services are compared to the billing records for that service to verify that documentation standards are followed and that the provider billed for the appropriate number of units. (*Medicaid rules, Adult, ABI, Children's Waiver Manuals, CARF Section 1.I.6 & 7*)

3. Results of Review of Abilities Unlimited's Implementation of IPC's

Abilities Unlimited currently has only one case manager employed but is looking to add a second this coming year. The ISC is participating in the tracking, monitoring, and implementation, of services for all participants. The survey team reviewed three files of participants receiving services. It was found in all of the participant's files that there were releases of information that were not time limited. It was found in two of the three files reviewed that many incidents were not followed up on or they were not documented properly on the internal incident reporting form. Participant A's Day Hab and Res Hab goals were identical. Participant B's activities during Day Hab were not identified on the schedule. Also, his schedule does not reflect his IPC and "about me" section of his likes, choices, and desires and was more focused on tracking negative behavior.

Suggestions:

- For Participant's A and B, it is suggested that Abilities Unlimited pursue an increased quality in the objectives for participants to be client specific, meaningful, and measurable; also updating participants' schedules to reflect these changes.

Recommendations:

- It is recommended that Abilities Unlimited update all participants' releases of information in order to be time limited. This will be sent to the lead surveyor at the Division by January 31, 2007.
- It is recommended that Abilities Unlimited follow-up with all appropriate documentation on all internal incident reporting forms. This will be checked at next year's site survey.

B. BILLING DOCUMENTATION

1. Applicable Standards

All providers providing services on home and community based waivers must be able to present substantiation of billing for services they are providing (*Medicaid rules, Adult, Children, ABI Waiver Documents, Adult, Children, ABI Waiver Manuals*).

2. Description of Survey Process

Documentation for specific services are compared to the billing records for that service to verify that documentation standards are followed and that the provider billed for the appropriate number of units. (*Medicaid rules, Adult, ABI, Children's Waiver Manuals, CARF Section 1.I.6 & 7*)

3. Results of Review of Abilities Unlimited's Billing Documentation

A sample of billing and documentation of services for day habilitation and case management were reviewed for the past six months. Abilities Unlimited staff are consistently using military time for accurate time in and time out. During review of billing services for Participant B, it was found that one unit of Day Hab was under billed for May 2006.

Exemplary Practices:

- None.

Commendations:

- None.

Suggestions:

- None.

Recommendations:

- None.

C. STAFF QUALIFICATIONS AND TRAINING

1. Applicable Standards

All providers providing services on home and community based waivers are required to meet specific qualifications depending on the service they are providing (*Medicaid rules, Adult, Children, ABI Waiver Documents, Adult, Children, ABI Waiver Manuals*).

CARF accredited provider organizations are required to assure that staff receive the training and support needed to work successfully with persons served (*CARF Section 1. F.4*).

The Developmental Disabilities Division also requires, background checks for staff working directly with persons served and, for the Adult DD Waiver, that providers document each direct service staff member's training on the following issues for each person served he/she works with:

- Medication monitoring/administration

- Adaptive equipment
- Positioning needs
- Special diet
- Behavior plan protocol

2. Description of Survey Process

Surveyors review staff files for the following:

- Results of background checks
- Verification of staff qualifications
- Current CPR/1st Aid certification
- Verification that client specific training was completed if required

3. Results of Review of Abilities Unlimited's Staff Qualifications and Staff Training

The Division reviewed a sample of Abilities Unlimited's staff files and interviewed staff to verify that the standards are being met. All staff files had verification that the staff met the qualifications for the services they were providing. All files reviewed included results of background checks, only lacking one that had not been returned from the state. All staff have current CPR certification and client specific training, when required. Only one staff person out of four did not have filed their current First Aid certification.

Three of four staff at Abilities Unlimited staff were able to clearly articulate the needs of the people they were working with, including their medical, behavioral, and supports the person required.

Recommendations:

- It is recommended that Abilities Unlimited send verification of the staff persons missing First Aid certification. This will be sent to the lead surveyor by January 31, 2007.

D. INCIDENT REPORTING

1. Applicable Standards

CARF Standards require that the organization define a system to report critical incidents that includes specific categories of incidents. The Developmental Disabilities Division further requires that that critical incidents be reported to the Division, as well as to the Department of Family Services, Wyoming Protection and Advocacy, the guardian, the Individually-selected Service Coordinator and the police (if there is a suspicion that a crime has been committed) immediately after assuring the health and safety of the individual. CMS' HCBS Quality Framework includes a review of critical incident management, with the desired outcome that there are systemic safeguards in place to protect participants from critical incidents and other life-endangering situations.

2. Survey Process

The survey process included the following reviews to assess if the provider is meeting the standards.

- A review of the provider organization's incident reporting policy and procedure to assure that it includes the Division Notification if Incident process, including reporting criteria, timeframes and notification processes
- A review of internal incident reports and reports submitted to the Division to assure that all incidents are reported according to the standards and that action steps are taken to address incidents
- Interviews with provider staff in all applicable service settings to determine if they are aware of the appropriate steps to take if an incident occurs

3. Results of Review of Abilities Unlimited's Incident Reporting

Two persons served incident reports were reviewed. All incidents were reported appropriately when met the Division's level of incident reporting. However, survey staff again found some

documentation of follow-up and signatures missing from the provider's internal incident reports. Four of four staff were able to explain the Division's requirements for incident reporting. Survey staff examined Abilities Unlimited's policies and procedures for incident reporting that did not include the extensive explanation of whom and how to contact all of the required agencies, including missing a detailed explanation of all the reportable categories.

Suggestions:

- It is suggested that Abilities Unlimited include a sample form of the Division's incident report in your policies and procedures and have that sample report available in all service sites.

Recommendations:

- It is recommended that Abilities Unlimited follow their procedure for reviewing documentation and incident reports, including documentation of all follow-up. This will be checked at next year's site survey.
- It is recommended that Abilities Unlimited include all the reportable categories, whom and how to contact all agencies required, including phone or fax numbers and the web address for the online submission form to the Division. This will be checked at next year's site survey.

E. REVIEW OF RIGHTS OF PERSONS SERVED

1. Applicable Standards

Providers are required to promote persons served rights, including the right to privacy, the right to be free from abuse, neglect, exploitation, and the right to confidentiality of information. In addition, providers are required to communicate the rights of persons served in a manner that is meaningful to the person, and to investigate potential violations of rights (*Waiver Manuals, CARF Section 1.D.3.*)

2. Survey Process

Surveyors review the written summary of rights provided to persons served and their families and interview persons served and families to determine if there are any concerns with rights violations. Surveyors also interview provider staff to assess staff knowledge of rights. Services are observed to determine if there are any observable violations of rights.

3. Results of Review of Abilities Unlimited's Rights of Persons Served

Abilities Unlimited's policy was reviewed and does include information on rights of persons served. In addition, a summary of rights is available in the policy and in the client handbook but needs to be more exhaustive. No concerns about rights were voiced during interviews with the participants or families. It is clearly documented in staff files the staff received training on rights restrictions of persons served. Four out of four staff interviewed were able to articulate the specific rights restrictions of the participant they were working with.

Recommendations:

- None.

F. REVIEW OF COMPLAINT/GRIEVANCE POLICY

1. Applicable Standards

Providers' complaint/grievance policy should include efforts to resolve complaints, a procedure on how the process is explained to persons served, timeframes for resolving complaint, and how the results of the investigation into a complaint are communicated to persons served. (*CARF Section 1.D.4 & 5.*)

2. Survey Process

Surveyors review the provider's written complaint/grievance procedure to assure it meets the requirements. Persons served, families and staff members are interviewed to determine if they are aware of the complaint/grievance policy.

3. Results of Review of Abilities Unlimited's Complaint/Grievance Policy

Abilities Unlimited's grievance policy is included in the policies but is lacking from the client handbook, as indicated by the provider's policy. The policy is missing detailed steps including the time frames for each.

Recommendations:

- It is recommended Abilities Unlimited write an exhaustive complaint and grievance policy. This also must include written documentation on how this is communicated and given to all participants served. This will be checked at next year's site survey.

G. DOCUMENTATION OF EMERGENCY DRILLS AND INSPECTIONS

1. Applicable Standards

CARF accredited providers are required to have written emergency plans for fires, bomb threats, natural disasters, power failures, medical emergencies and safety during violent or other threatening situations and that these plans be tested. Providers are also required to obtain an external inspection from an outside authority annually, and to complete internal self-inspections twice a year. (*CARF Section 1.E.1 & 2*) The Centers for Medicare and Medicaid Services requires that the safety and security of the participant's living arrangement is assessed, risk factors are identified and modifications are offered to promote independence and safety in the home. There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies (*CMS HCBS Quality Framework*).

2. Survey Process

Surveyors review documentation of emergency drills and inspections for a sample of service settings owned or operated by the organization. The review includes assuring that the drills and inspections are completed, that there is documentation of concerns when appropriate, and that follow-up on concerns is completed. Surveyors also interview persons served and staff members to assure that they are aware of the appropriate evacuation/drill procedures and visit service settings to assure there are no significant health or safety concerns at the service sites.

3. Results of Review of Abilities Unlimited's Emergency Drills and Inspections

Abilities Unlimited had two of two facilities with drills completed and documented. Twelve of the twelve drills reviewed had identified concerns, when appropriate and all had the documented follow-up needed.

Two of two locations had internal inspections completed, which two of two of these had identified concerns. All had documented follow-up.

Suggestions:

- It is suggested that Abilities Unlimited conduct a diversity of types of drills and times at all of its service locations.
- It is suggested that Abilities Unlimited conduct its second required internal inspection before the annual deadline at the end of this calendar year.

Recommendations:

- None.

H. PROGRESS MADE ON DDD'S RECOMMENDATIONS FROM THE PREVIOUS SURVEY

Previous DDD Recommendations:

- This is Abilities Unlimited first CARF certification survey conducted by the Division.

Update:

- The only non-CARF recommendation made in the previous survey was found to be in compliance during this survey.

I. PROGRESS MADE ON CARF'S RECOMMENDATIONS FROM THE PREVIOUS SURVEY

Previous CARF Recommendations:

- This is Abilities Unlimited first CARF certification survey conducted by the Division.

Suggestions:

- The Division will continue to follow-up on future CARF recommendations at next year's site survey. The Division made similar recommendations at this survey that correspond with current CARF recommendations.

Exemplary Practices:

- It is exemplary that Abilities Unlimited was able to receive a three year CARF certification their first year applying.

J. RESULTS OF OBSERVATION OF SERVICES AND SUPPORTS

Program Integrity surveyors had five client contacts and four formal staff contacts. Surveyors completed on-site visits to different service settings. Surveyors found in day habilitation that participants were involved in meaningful activities. The interaction between staff and participants were appropriate and many appeared to be sincere and heartfelt. Participants were excited to tell survey staff that they were making crafts to help contribute to the trip they are taking to Yellowstone. Participants discussed and voted on where to go for a traveling trip.

In addition to the observations noted above, Program Integrity surveyed the physical properties of Abilities Unlimited. The main office was found to have exposed electrical wires and open access to a basement, without egress, that is a potential health and safety hazard. The Day Hab site was found to have the keys lying on top of the locked cabinet. Also, the Day Hab site needs a carbon monoxide detector installed. Both facilities should be stated in the provider's policies that there will be no Waiver services provided in the basements without egress.

Surveyors also completed a vehicle check to assure that vehicles used to transport persons served had current vehicle tags, registration, emergency and safety equipment, and that the vehicles appeared to be in working order.

Commendations:

- It is a commendable practice by Abilities Unlimited to include participants in decision making and having them work together toward the goal of their Yellowstone trip.

Recommendations:

- It is recommended that Abilities Unlimited address all identified concerns of the physical properties. Written documentation of how these were completed will be sent the Lead Surveyor by January 31, 2006.

Lead Surveyor _____ Date _____